

MAR 17 2008
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MIKE ALDRIDGE TRUCKING, INC.

ICC MC 179554

P.O. BOX 10

NEWLAND, NORTH CAROLINA 28657

Business: 828/733-5322

FAX: 828/733-1869

March 12, 2008

Residence: 828/733-9076

NEA
3/17/08

Mr. Mel Rechtman
4WD-ROECB 10th Floor
U.S. EPA Region 4
61 Forsyth Street S. W.
Atlanta, Georgia 30303-8960

Dear Mr. Rechtman:

Regarding the truck and trailer wreck on January 18, 2008, I-40 Westbound, m.m. 179, Dickson County, Tennessee.

I will complete information as far as I know. I was not present at accident or clean-up. The police report is all the information I have. The following are response to the questions.

1. Diesel fuel from left side truck fuel tank, right side tank was torn open and fuel spilled when truck hit guard rail for 900 feet, before rolling over into small creek.
2. 50 to 60 gallons of fuel was spilled.
3. Wreck happened at 8:30 p.m. 1-18-2008. Truck was removed from creek on 1-19-2008. Trailer (loaded with copy paper) was removed on 1-21-2008 and clean-up completed.
4. Tractor - trailer wreck
5. I do not have that information.
- 5-A. The truck and trailer was on its right side in creek.
- 5-B. Do not have that information.
- 5-C. Do not know
6. Do not have map.
7. Do not have drawing.
8. Do not have sketch of spill site.
9. All photos were taken by:
West Nashville Wrecker Service
6311 Centennial Blvd.
Nashville, Tennessee 37209
615-350-5800
Larry Boggs, General Manager

2008 MAR 14 AM 11:23



U.S. EPA REGION IV

SDMS

POOR LEGIBILITY

PORTIONS OF THIS DOCUMENT MAY BE
DIFFICULT TO VIEW DUE TO THE QUALITY OF
THE ORIGINAL.

TO MAKE THE DOCUMENT READABLE, TRY
ONE OR MORE OF THE FOLLOWING:

From the Displays Settings in Windows Control Panel:

1. Set the Color Quality to the highest available: 24 bit or 36 bit.
2. Increase or decrease the Screen resolution.

From the Monitor/Display Controls:

1. For dark image page, increase the brightness and decrease the contrast.
2. For light image page, decrease the brightness and increase the contrast.


**** PLEASE CONTACT THE APPROPRIATE RECORDS CENTER TO VIEW THE MATERIAL****

10. Do not know.

11. This information has not been made available to me.

Please find attached copy of police report.

Sincerely yours,

A handwritten signature in cursive script that reads "Mike Aldridge". The signature is written in dark ink and is positioned above the printed name.

Mike Aldridge



308002862

STATE OF TENNESSEE
DEPARTMENT OF SAFETY

TRAFFIC ACCIDENT
REPORT REQUEST

As set forth under the provisions of 55-12-104, T.C.A., you must file, or have filed in your behalf, an Owner/Driver Report (SF-0395) with the Department of Safety if you are involved in an automobile accident as an owner or driver involving death or injury, or in which damage to property was in excess of four hundred dollars (\$400) to any person involved.

A copy of the officer's report may be obtained ten (10) days after the date of the accident at the following address:

Tennessee Highway Patrol
1603 Murfreesboro Road
Nashville, TN 37217

Please complete this section and return it to the address above, along with a four dollar (\$4.00) check or money order made payable to the Tennessee Department of Safety.

DATE 1-18-08	COUNTY ACCIDENT OCCURRED 22	HIGHWAY I-40
DRIVER'S NAME (1) Robinson		DRIVER'S NAME (2)

MAIL REPORT TO:

NAME (Individual requesting report) Mike Aldridge Trucking Inc.			
ADDRESS P.O. Box 10	CITY Newland	STATE N.C.	ZIP CODE 28657
INVESTIGATING OFFICER'S NAME Weingeroff		BE SURE TO INCLUDE A \$4.00 CHECK OR MONEY ORDER	

STATE OF TENNESSEE

Department of Safety

CASHIER'S RECEIPT

No. 1175448

DATE 01-24, 20 08

CASH	MONEY ORDER	CHECK NO.
		60517

Four dollars \$4.00
AMOUNT RECEIVEDAldridge Trucking
NAME OF PAYOR

ADDRESS

SASE
ADDRESS

TOWN OR CITY

STATE

ZIP CODE

TYPE OF SERVICE (CHECK ONE)

DUPLICATE DRIVER LICENSE

DRIVER LICENSE RENEWAL

RETURNED CHECKS

ACCIDENT REPORT FEE

RESTORATION OF LICENSE FEE

CASH SURETY BOND

FINES AND FEES

MVR FEE

OTHER (SPECIFY)

BY ea
CASHIER

LICENSE NO. OF LICENSEE

--	--	--	--	--	--	--	--

NAME AND ADDRESS OF LICENSEE
(IF DIFFERENT THAN PAYEE)

NAME

ADDRESS

ADDRESS

TOWN-CITY

STATE ZIP

LICENSEE DATE OF BIRTH

MONTH	DAY	YEAR			

COMMENTS:

308002862



Tennessee Electronic Traffic Crash Report

INCIDENT INFORMATION

Reference Number TNTHPTRAC083099000175				Document Type ORIGINAL DOCUMENT		Amendment Number		Reference Override Number	
Reporting Agency Type 1 - THP			Reporting Agency Name TENNESSEE HIGHWAY PATROL				Agency Tracking No. 308002862		
Date of Crash 01/18/2008	Time of Crash 19:35 Hrs.	Day of Crash 6 - FRIDAY	Date Notified 01/18/2008	Time Notified 19:40 Hrs.	Date Arrived 01/18/2008	Time Arrived 19:50 Hrs.			
County DICKSON	City of Crash NOT IN CITY		Area of Crash 2 - RURAL	Additional Area Designation 0 - NOT APPLICABLE		Traffic Land or Private Way 1 - TRAFFICWAY - OPEN			
On Hwy Street I-40				At Intersection NO		At No/Name Hwy/IntSec			
Estimated Distance 0.5	Distance Type MILES	Direction 4 - WEST	From Highway Number/Intersection				Milepost (A/From) 180		
Lat-Long Available? <input type="checkbox"/>		Latitude		Longitude					

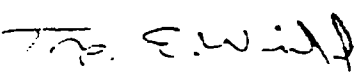
CRASH ENVIRONMENT

First Harmful Event GUARDRAIL FACE		Manner of Collision 0 - NOT COLLISION WITH MOTOR VEHICLE IN TRANSPORT		Railroad Crossing ID
Relation to Junction 01 - NON-JUNCTION		Type of Intersection NOT AT INTERSECTION		Relation to Roadway 06 - OFF ROADWAY - LOCATION UNKNOWN
Highway Construction Zone 1 - NONE		Light Conditions 2 - DARK - NOT LIGHTED		Weather Conditions 01 - NO ADVERSE CONDITIONS

SUMMARY

Type of Crash 2 - INJURY		Is Investigation Complete YES		Hit and Run 4 - NO HIT AND RUN		Hit and Run Solved		Police Pursuit Involved NO	
School Bus Involved NO	Total Vehicles Involved 1	Total Killed 0	Total Injured 1	Total Uninjured 0	Total Motorists 1	Total Non-Motorists 0	Are Photos Taken NO	Photos Taken By	
Other Photos By		Hazardous Materials Involved? NO		Route Number		SPC CASE		CO SEQ	
						LOG MILE		LOC	

PRIMARY INVESTIGATING OFFICER'S DETAILS

Officer: First Name ERIC		Middle Name		Last Name WEINGEROFF		Suffix Name	
Officer Rank TROOPER	Badge Number 542EW	District/Zone 3	Car Number 3429	Report Date 01/18/2008	Investigation Date 01/18/2008		
Investigator's Signature 							

Vehicle Number 1	Number of Occupants 1	Driver Presence 1 - DRIVER OPERATED VEHICLE
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DRIVER INFORMATION

Driver: First Name (b)(6) Personal Priv		Middle Name (b)(6) Personal Priv		Last Name ROBINSON		Suffix Name	
Street Number (b)(6) P	Street Name (b)(6) Personal Privacy			Apt. #	City BURNSVILLE		State NC
Zip Code 28714	Mailing address same YES	Mailing Address Street Name (b)(6) Personal Privacy			Apt. #	Mailing City BURNSVILLE	
PO Box No/Street No (b)(6) P	State NC	Zip Code 28714	Phone Number (828) 733-5322 EXT.		Date of Birth (b)(6) Personal Priv	Age (b)(6)	Gender (b)(6) Person
Race (b)(6) Personal Priv		Ethnicity					
Driver's Primary License Number (b)(6) Personal		License State NC	License Expiration Year 2013	License Class A M	Driver License Status 0 - VALID		Endorsements

Endorsements Complied With	Restrictions	Restrictions Complied With	Injury Code 2 - NON-INCAPACITATING EVIDENT INJURY	
Driver Seating Position 11 - LEFT SIDE (DRIVER'S SIDE)				
Driver's License Number 2	License State	License Expiration Year	License Class	License Status
Driver's License Number 3	License State	License Expiration Year	License Class	License Status
Safety Equipment 03 - SHOULDER AND LAP BELT USED		AirBag 30 - NOT AVAILABLE (THIS SEAT)		Trapped/Extricated 1 - NOT TRAPPED
Ejected 1 - NOT EJECTED		Ejection Path 0 - NOT EJECTED/NOT APPLICABLE		
Transported to Medical Facility YES	Transported by 1 - AMBULANCE SERVICE		Transported to 1 - HOSPITAL	By Whom DCEMS
Facility Name HORIZON				

DRIVER CONDITIONS AND ACTIONS

Driver/Vehicle Maneuver 00 - GOING STRAIGHT	
Driver Distractions 99 - OTHER/UNKNOWN	
Driver's 1st Condition 05 - APPARENTLY ASLEEP	Driver's 1st Action 16 - FAILURE TO KEEP IN PROPER LANE OR RUNNING OFF ROAD
Driver's 2nd Action	Driver's 2nd Condition
Driver's 3rd Action	Driver's 3rd Condition
Driver's 4th Action	Driver's 5th Action

DRUGS AND ALCOHOL

Presence of Alcohol/Drugs 0 - NEITHER ALCOHOL OR DRUGS PRESENT		Determination Method 5 - OBSERVED		Alcohol Test Type 1	Alcohol Test Result 1 96 - NONE GIVEN
Alcohol Test Type 2	Alcohol Test Result 2		Drug Test Type 1	Drug Test Result 1 96 - NONE GIVEN	
Drug Test Type 2	Drug Test Result 2		Drug Test Type 3	Drug Test Result 3	

VEHICLE OWNER INFORMATION

Owner same as Driver? NO	Owner: First Name MIKE		Middle Name		Last Name ALDRIDGE TRUCKING	
Suffix Name	Phone Number (828) 733-5322 EXT.	Street No. PO	Street Name BOX		Apt. # 10	City NEWLAND
State NC	Zip Code 28657-0010	Mailing address same? YES	PO Box No/Street No PO		Mailing Address Street Name BOX	
Apt. # 10	Mailing Address City NEWLAND		State NC	Zip Code 28657-0010		

VEHICLE INFORMATION

Vehicle Number 1	Vehicle Presence DID NOT LEAVE SCENE	Unit Type MOTOR VEHICLE IN-TRANSPORT
Vehicle Year 2000	Registration State NC	License Plate No. LB1605
Exp Month MARCH	Exp Year 2008	Vehicle Make PETERBILT
Vehicle Model TT	Vehicle Color RED - RED	
Vehicle Body Codes 47 - TRUCK-TRACTOR (WITH ANY NUMBER OF TRAILING UNITS)		
VIN # 1XP5DB9X1YN498440	Commercial Vehicle Info.? YES	Transporting HazMat? NO

VEHICLE DAMAGE AND ROADWAY CHARACTERISTICS

Most Harmful Event OVERTURN		Event 1 14 - COLLISION INVOLVING FIXED OBJECT	
Event 2 03 - OVERTURN (ROLLOVER)		Event 3	
Event 4		Event 5	
Event 6		Point of 1st Impact 03 - RIGHT SIDE	1st Area of Vehicle Damage 03 - RIGHT SIDE
2nd Area of Vehicle Damage 01 - CENTER FRONT	3rd Area of Vehicle Damage 03 - RIGHT SIDE	Extent of Damage 5 - VERY SEVERE	Emergency Use NO
Roll Over YES	Fire NO		
Estimated Damage 2 - OVER \$400	Underride/Override 0 - NO UNDERRIDE OR OVERRIDE	Vehicle Defects1 00 - NONE	
Vehicle Defects2	Vehicle Special Use 00 - NO SPECIAL USE	Vehicle Trailer 09 - SEMI TRAILER(ALL TYPES)	
Gross Vehicle Weight Rating 3 - 26,001 LBS. OR	Total # Axles 5	Vehicle Configuration 06 - TRACTOR/SEMI-TRAILER	Cargo Body type 02 - VAN/ENCLOSED B
Vehicle Towed 2 - TOWED AWAY			
If Towed, Where WEST NASHVILLE TOWING		Vehicle Direction 4 - WEST	Roadway Surface Type 1 - ASPHALT
Vehicle Traveling On I-40	Trafficway Flow 3 - DIVIDED HIGHWAY, MEDIAN STRIP(WITH TRAFFIC BARRIER)		
Trafficway Hazard 1 00 - NO APPARENT HAZARDS			
Trafficway Hazard 2			
Trafficway Hazards 3			
Traffic Control Devices 00 - NO CONTROL		Traffic Control Device Functioning	
Roadway Route Signing 1 - INTERSTATE	Number of Travel Lanes 2 - TWO LANES	Roadway Surface Condition 1 - DRY	Speed Limit for this vehicle 70
Roadway Character Alignment 2 - STRAIGHT	Roadway Character Profile 2 - GRADE	Access Control 2 - FULL CONTROL (ONLY RAMP ENTRY AND EXIT)	

Vehicle Number	Person Type
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PASSENGER OR NON-MOTORIST INFORMATION

Passenger: First Name		Middle Name		Last Name		Suffix Name	
Street Number	Street Name			Apt. #	City		State
ZipCode							
Mailing address same	PO Box No/Street No			Mailing Address Street Name			Apt. #
Mailing Address City	State	Zip Code	Date of Birth	Age	Gender		
Injury Code	Safety Equipment Used			AirBag			
Seating Position						Ejected	
Ejection Path				Trapped/Extricated			
Transported to Medical Facility	Transported By		By Whom		Transported To		

Facility Name		Presence of Alcohol/Drugs	
Determination Method		Alcohol Test Type 1	Alcohol Test Result 1
Alcohol Test Type 2	Alcohol Test Result 2		Drug Test Type 1 Drug Result1
Drug Test Type 2	Drug Result2	Drug Test Type 3	Drug Result3

NON-MOTORIST CONDITIONS AND ACTIONS

Vehicle Striking Non-Motorist	Non-Motorist Location
1st Condition of Non-Motorist	2nd Condition of Non-Motorist

3rd Condition of Non-Motorist	Non-motorist action prior to crash
1st Action of Non-Motorist	2nd Action of Non-Motorist
3rd Action of Non-Motorist	4th Action of Non-Motorist

VIOLATION

Vehicle #	Person Type	Driver: First Name	Middle Name	Last Name	Suffix Name
Violation 0 - NONE		Citation Number	Charges		

Vehicle Number 1	Was CMV Inspection Conducted YES	CMV Inspection Report No. 3569711	Officer Badge No. 542EW
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CARRIER INFORMATION

Carrier Type	US DOT Number 0268919	Carrier: Name MIKE ALDRIDGE TRUCKING INC	Street Number	Street Name P O BOX 10
City NEWLAND	State NC	ZipCode 28657-001	ICC MC Number 179554	Other ID
Carrier ID Source 1 - VEHICLE SIDE		HazMat Involved NO		

HAZARDOUS MATERIAL INFORMATION

Was the Hazardous Material Placard Displayed	Class #1	UN #1	Released	Class #2	UN #2	Released	Class #3	UN #3	Released
Hazardous Materials in Load									
Hazardous Materials Released									

WITNESS

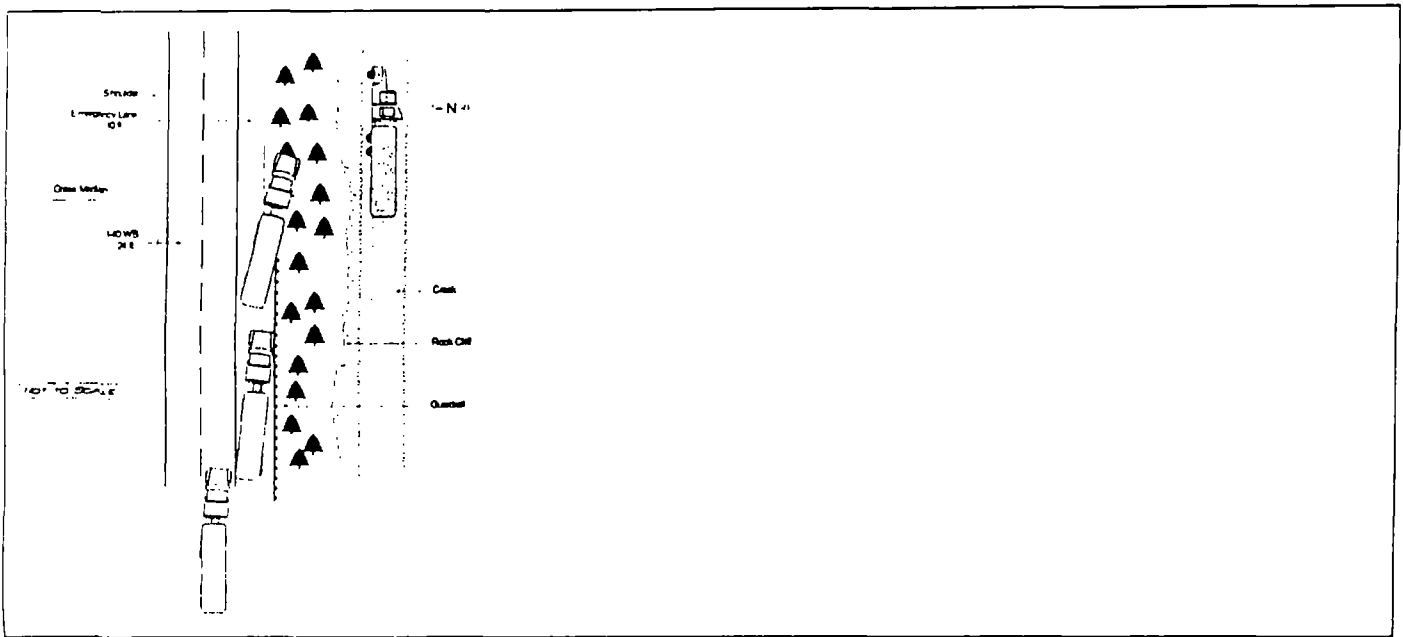
Witness: First Name		Middle Name		Last Name		Suffix Name
Street Number	Street Name			Apt. #	City	
State	ZipCode	Mailing address same	Date of Birth	Phone Number	PO Box No/Street No	
Mailing Address Street Name			Apt. #	Mailing Address City	State	Zip Code

PROPERTY OWNER

Property Type 1 - STATE PROPERTY	Amount of Damage 2 - OVER \$400	Property Owner: First Name TN			
Middle Name DEPT.	Last Name TRANSPORTATION	Suffix Name	Street Number (b)(6) P	Apt. #	

Street Name (b)(6) Personal Privacy		City DICKSON		State TN		Zip Code 37055	
Home Phone Number (615) 441-6229 EXT.	Mailing address Same YES	PO Box No/Street No (b)(6) P	Mailing Address Street Name (b)(6) Personal Privacy	Apt. #	State TN	Zip Code 37055	
Mailing Address City DICKSON		Description of Property GUARDRAIL					

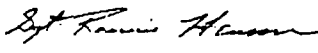
DIAGRAM



Narrative

VEHICLE # 1 WAS TRAVELING WEST ON I-40. VEHICLE # 1 LEFT THE TRAVEL LANES AND STRUCK THE GUARDRAIL. VEHICLE THEN TRAVELED 800 FT. AGAINST THE GUARDRAIL BEFORE RUNNING OVER SEVERAL CEDAR TREES AND PLUNGING ABOUT 40 FT. OFF A BLUFF AND LANDING ON IT'S SIDE IN A CREEK.

SUPERVISOR'S DETAILS

First Name RONNIE	Middle Name	Last Name HENSON	Suffix Name	Badge Number 209RH	1/21/2008
		Reason For Rejection:			

Attachment

Agency Name: TENNESSEE HIGHWAY PATROL

Agency Tracking No: 308002862

Crash Date: 01/18/2008

ATTACHMENT DESCRIPTION

TOW-IN TO WEST NASHVILLE TOWING



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 4

ATLANTA FEDERAL CENTER
61 FORSYTH STREET
ATLANTA, GEORGIA 30303-8960

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

FEB 4 5 2008

Mr. Mike Aldridge
President
Mike Aldridge Trucking, Inc.
P.O. Box 10
Newland, North Carolina 28657

SUBJ: Request for Information under Sections 308 and 311 of the Clean Water Act,
33 U.S.C. §§ 1318 and 1321
Spill in Dickson, Dickson County, Tennessee, on or about January 18, 2008
NRC Report No. 860070

Dear Mr. Aldridge:

Pursuant to Section 308 of the Clean Water Act (CWA), 33 U.S.C. § 1318, the United States Environmental Protection Agency (EPA) has the authority to request information pertinent to carrying out its responsibilities under the CWA. Accordingly, this Information Request is hereby served on you and Mike Aldridge Trucking, Inc.

Compliance with the provisions of this letter is mandatory. Your responses to the questions are to be submitted to EPA and postmarked within 30 days of receipt of this letter. The response must be signed by a duly authorized official of Mike Aldridge Trucking, Inc. The information will be considered in the evaluation of the extent of your compliance with the CWA and its implementing regulations governing the discharge, or threat of discharge, of oil, or of hazardous substances, pollutants, or contaminants into navigable waters of the United States.

Failure to respond fully and truthfully to the Information Request, or to adequately justify such failure to respond, will be considered a violation of Section 309 of the CWA, which can result in enforcement action by EPA. Section 309 of the CWA permits EPA to seek the imposition of civil and criminal penalties for failure to submit information requested under Section 308 of the CWA, including issuance of an Administrative Penalty Order or referral to the United States Department of Justice for judicial action with monetary fines. Please be further advised that providing false, misleading, or fraudulent statements or representations, may subject you to criminal penalties under Section 309 of the CWA.

This Information Request is not subject to approval requirements of the Paperwork Reduction Act of 1980, as amended, 44 U.S.C. § 3501, et seq., as described in 5 C.F.R. Part 1320.3(c).

The Small Business Regulatory Enforcement and Fairness Act (SBREFA) provide small businesses with the opportunity to submit comments on regulatory enforcement at the time of an Agency enforcement activity. The enclosed Information Sheet (Enclosure 1) provides information on this right, as well as information on compliance assistance that may be available to you. The Small Business Ombudsman may be reached at 1-800-368-5888. If you qualify as a small business under SBREFA regulations at 13 C.F.R. § 121.201, this material applies to you.

You are hereby requested to provide the following information regarding the spill which occurred on or about January 18, 2008 at your facility located on I-40 Westbound at or near Mile Marker 179 in Dickson County, Tennessee:

1. A report regarding the spill of oil into a water body and adjoining shorelines which occurred on or about January 18, 2008. If the name of the water body is not available, use the best description available.
2. The amount of product spilled (either barrels or gallons).
3. Duration of the spill event. Report the time and date the spill began, how long the product remained in the watercourse, as well as on the shoreline or banks and when the cleanup operations were considered complete and all products removed from waters of the United States and adjoining shoreline.
4. The cause of the spill.
5. Name of the immediate receiving ditch, creek, stream, river, lake, arroyo, swale, etc.
 - A. Also include the distance from the spill site (either feet or miles) to the immediate receiving ditch, creek, stream, river, lake, arroyo, swale, etc.
 - B. Additionally, include the names of all downstream receiving waters that the spill affected.
 - C. Finally, list all downstream receiving water bodies to the first major river or lake, regardless of whether or not the spill affected these water bodies.
6. Site location map.
7. Drawing of the site showing locations of the facilities.

8. Sketch of the spill site showing extent of the spill.
9. Photographs of the spill and the spill site both before and after cleanup.
10. State if the facility is subject to the Spill, Prevention, Control, and Countermeasures (SPCC) regulations as described in 40 C.F.R. Part 112.
11. Provide a copy of the NPDES or equivalent permit or 7000-1 Report if applicable.

In some instances, information requested by EPA may be considered confidential business information (CBI) by the provider of that information. Should any of the information requested by EPA as part of this request for information be considered CBI material by Mike Aldridge Trucking, Inc., you must assert that claim as part of your reply. The final determination regarding this material will be made by EPA per regulations found in 40 C.F.R. Part 2, Subpart B.

Please mail your response to the following address:

Mr. Mel Rechtman
4WD-ROECB 10th Floor
U.S. EPA Region 4
61 Forsyth Street S.W.
Atlanta, Georgia 30303-8960

If you have any questions relating to this Information Request, please contact Mr. Mel Rechtman at (404) 562-8745.

Sincerely,



Caroline Y. F. Robinson, Chief
RCRA and OPA Enforcement and Compliance Branch
RCRA Division

Enclosures (2)

1. SBA Information Sheet
2. SPCC Regulation

7007 0710 0004 9555 2383

U.S. Postal Service

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FEB 28 2008

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Street, Apt. No.;
or PO Box No.

City, State, ZIP+4

FEB 13 2008

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U.S. EPA Region 4
61 Forsyth Street S.W.
Atlanta, Georgia 30303-8960

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Sincerely,

Caroline Y. F. Robinson, Chief
RCRA and OPA Enforcement and Compliance Branch
RCRA Division

Enclosures (2)

1. SBA Information Sheet
2. SPCC Regulation

NATIONAL RESPONSE CENTER 1-800-424-8802

*** For Public Use ***

Information released to a third party shall comply with any applicable federal and/or state Freedom of Information and Privacy Laws

Incident Report # 860070

INCIDENT DESCRIPTION

*Report taken at 22:50 on 18-JAN-08

Incident Type: MOBILE

Incident Cause: TRANSPORT ACCIDENT

Affected Area: UNNAMED CREEK

The incident occurred on 18-JAN-08 at 20:15 local time.

Affected Medium: WATER

POB 10

SUSPECTED RESPONSIBLE PARTY

Organization: MIKE ALDRIGE TRUCKING INC
NEWLAND, NC 28657

166 SHAWNEE ST
828 733 5332
5322

Type of Organization: PRIVATE ENTERPRISE

INCIDENT LOCATION

County: DICKSON

City: DICKSON State: TN

INTERSTATE 40 WESTBOUND AT MM 179

RELEASED MATERIAL(S)

CHRIS Code: ODS Official Material Name: OIL: DIESEL

Also Known As:

Qty Released: 300 GALLON(S)

Qty in Water: 300 GALLON(S)

DESCRIPTION OF INCIDENT

THE CALLER IS REPORTING THAT THERE WAS A DISCHARGE OF UP TO 300 GALLONS OF DIESEL FUEL INTO AN UNNAMED CREEK THAT LEADS TO THE HARPEETH RIVER. THIS OCCURRED WHEN A TRACTOR TRAILER DROVE OFF THE ROAD AND LANDED IN THE CREEK. THE ACCIDENT SITE IS ABOUT TWO MILES FROM THE DICKSON CITY WATER INTAKE. THERE HAVE NOT BEEN ANY REPORTS OF THE FUEL REACHING THE INTAKE.

INCIDENT DETAILS

Road Mile Marker: 179

Length of Service Disruption:

Airbag Deployed: UNKNOWN

---WATER INFORMATION---

Body of Water: UNNAMED CREEK

Tributary of: HARPEETH RIVER

Nearest River Mile Marker:

Water Supply Contaminated: UNKNOWN

---MOBILE INFORMATION---

Vehicle Type: TRACTOR TRAILER TRUCK

Vehicle Number: UNKNOWN Trailer/Tanker Number:

Vehicle Fuel Capacity: 300
 Cargo Capacity:
 Cargo On Board:
 Hazmat Carrier: UNKNOWN
 Carrier Licensed: UNKNOWN
 Suspected Non Compliance: UNKNOWN

DAMAGES

Fire Involved: NO Fire Extinguished: UNKNOWN
 INJURIES: YES Hospitalized: 1 Empl/Crew: Passenger:
 FATALITIES: NO Empl/Crew: Passenger: Occupant:
 EVACUATIONS: NO Who Evacuated: Radius/Area:
 Damages: NO

<u>Closure Type</u>	<u>Description of Closure</u>	<u>Length of Closure</u>	<u>Direction of Closure</u>
Air:	N		
Road:	N		N
Waterway:	N		Ar
Track:	N		

Passengers Transferred: NO
 Environmental Impact: UNKNOWN
 Media Interest: NONE Community Impact due to Material:

REMEDIAL ACTIONS

THE LOCAL FIRE DEPT IS ON SCENE TRYING TO LAY BOOM FURTHER DOWN THE CREEK.
 Release Secured: YES
 Release Rate:
 Estimated Release Duration:

WEATHERADDITIONAL AGENCIES NOTIFIED

Federal: EPA
 State/Local: TEMA, COUNTY EMA, STATE WATER POLLUTION
 State/Local On Scene: FIRE DEPT, SD, THP
 State Agency Number: TEMA 103

NOTIFICATIONS BY NRC

USCG HSOC AT DHS (USCG HSOC DESK)
 18-JAN-08 23:02
 DOT CRISIS MANAGEMENT CENTER (MAIN OFFICE)
 18-JAN-08 23:02
 U.S. EPA IV (MAIN OFFICE)
 18-JAN-08 23:04
 MEMPHIS POLICE DEPT (COMMAND CENTER)

18-JAN-08 23:02
NATIONAL INFRASTRUCTURE COORD CTR (MAIN OFFICE)
18-JAN-08 23:02
NOAA RPTS FOR TN (MAIN OFFICE)
18-JAN-08 23:02
SECTOR OHIO VALLEY (COMMAND CENTER)
18-JAN-08 23:02
SECTOR OHIO VALLEY (MSD NASHVILLE)
18-JAN-08 23:02
TN EMERGENCY RESPONSE (MAIN OFFICE)
18-JAN-08 23:02
STEVE SPURLIN EPAIV (STEVE SPURLIN EPAIV)
18-JAN-08 23:02
TN BUREAU OF INVESTIGATION (ATTN: RICK ATMORE)
18-JAN-08 23:02

ADDITIONAL INFORMATION

*** END INCIDENT REPORT # 860070 ***